

**ATTACHMENT A: STATEMENT OF WORK
FISCAL YEAR 2002/03**

Instructions: Please type your responses on the form provided and do not use handwriting. For your convenience, you can reenter this form (using the exact language) on your computer or you can use the enclosed diskette. If you need additional space, insert extra pages.

- A. List the **Legal Name** of the Agency as listed with the **Florida Division of Corporations** (This is the only name that can be legally recognized.):
- B. Provide a **Program Narrative** for approved activity. In the narrative, please include the following information:
1. Identify the **target population** (including the geographic area such as the Bond, Apalachee Ridge, and Frenchtown communities, County-wide, county-wide, etc.) that your program will serve. State the number of **unduplicated persons** (persons served only once within a given fiscal year) that you plan to serve during FY 2002/03.
 2. Give an overall **description of services, products, etc.**, that will be provided by the Agency using Grant Funds.
 3. Complete a **timeline**: Provide a **list of major program tasks/activities that you plan to accomplish** during the fiscal year 2002/03 and the date anticipated for its completion. This schedule will be used as a monitoring and planning tool.

Example: Task: Enroll 20 youth Date of Completion: Nov. 1, 2002

Tasks/Activities

Date of Completion